

ESSEX
LUNATIC ASYLUM.

REPORT OF
THE COMMITTEE OF VISITORS,

REPORT OF
THE MEDICAL SUPERINTENDENT,
AND OTHER PAPERS RELATING TO THE ASYLUM.

PRINTED BY ORDER OF THE COURT OF QUARTER
SESSION, JANUARY, 1855.

GIBSON, { CLERK OF THE
PEACE.

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House Committee,

FOR THE YEAR 1855.

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THE REV. JOHN PEARSON,

THE REV. HASTINGS ROBINSON, D.D.,

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JOHN DISNEY, ESQUIRE.

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Officers.

D. C. CAMPBELL, ESQUIRE, M.D.....	<i>Resident Medical Superintendent.</i>
MR. MOSELEY, M.R.C.S.....	<i>Medical Assistant.</i>
THE REV. JOSEPH SOWTER	<i>Chaplain.</i>
MR. THOMAS DAWSON	<i>Resident Clerk and Steward.</i>
MRS. CHARLOTTE TOWNSEND.....	<i>Matron.</i>

REPORT OF THE COMMITTEE OF VISITORS.

To Her Majesty's Justices of the Peace, in Quarter Session assembled, at Chelmsford, in and for the County of Essex, on Tuesday, the Second day of January, 1855.

The Justices elected at the General Quarter Session of the Peace, holden on the 3rd day of January, 1854, as a Committee on behalf of the County of Essex, during the year then next ensuing, for the purposes of the Asylum, erected for the Pauper Lunatics of the said County and the united Boroughs of Colchester and Maldon, pursuant to the Act of Parliament 8th and 9th Vict. c. 126, present this their Annual Report, conformably with the provisions of the Lunatic Asylums Act, 1853, s. 62.

A short time after the presentation of their last report to this Court, the general rules drawn up for the government of the Asylum received the approval of the Home Secretary. In conformity with those rules the Asylum has been visited weekly by one or more of the Committee, and every endeavour has been made, with the assistance of the Superintendent, to ensure proper attention to their duties on the part of the other officers and attendants, and proper administration and management throughout the Asylum, and to promote the comfort and well being of the patients.

The Asylum and its offices have been reported by the architect to be in excellent order and condition without any failure or flaw. The buildings have been found to be, generally speaking, very convenient for the purposes for which they were erected; deficiencies and inconveniences have been discovered here and there, which have been rectified or which are capable of being rectified by trifling alterations and improvements.

The ground belonging to the Asylum has afforded a useful and healthful field of employment for such of the patients as were capable

of labour, and a large portion of that which lies on the south side has been brought into order and cultivation by them. Some of them have been employed in draining and gravelling the various courts and airing grounds, and have assisted in clearing and preparing a piece of ground which has been selected as suitable in every way for a cemetery, and which has been fenced in for that purpose. They may be further employed with much benefit to themselves in levelling and bringing into order the remainder of the land as opportunity offers.

Since the Asylum was opened in September, 1853, up to the 25th of December last, there have been received into it, Males, 204, Females, 235; total, 439. Of this number there were remaining in the Asylum, on the 25th of December,—

Males, 124; Females, 183	...	...	...	...	...	...	...	...	307
There have died, Males, 58; Females, 20	...	...	...	...	...	...	...	...	78
There has been removed, Unimproved Male...	...	...	...	...	...	...	...	...	1
There have been removed, Improved Male, 1; Female, 1	...	...	...	...	...	...	...	...	2
And there have been discharged—recovered, Males, 20;	...	...	...	...	...	...	...	...
Females, 31	...	...	...	...	...	...	...	...	51
									<hr/> 439

It is not the province of the Committee to enter into Medical details, for which they beg to refer to the report of the Medical Superintendent. They believe that there are special and extraordinary circumstances, unconnected with the Asylum, which will fully account for what may appear a large rate of mortality. They point to the number of those patients who have either recovered, or whose state has been improved, with satisfaction and thankfulness, as some proof that the blessing of Almighty God has been upon the skill of the Superintendent, and that the Asylum has not been provided in vain.

The Committee endeavoured to give effect to the intentions of the legislature as declared in the 43rd section of the Lunatic Asylums Act; and in the month of February they agreed to and they advertised a resolution to permit the admission of a limited number of Lunatics resident within the County and the Boroughs, not paupers, but who, in the opinion of the Committee, might be proper objects to be admitted into a public Asylum, at the weekly charge of 18s., and they afterwards lowered the charge to 15s. a week: only two patients came in, and they remained a very short time. It may be that the directions of the Act, that such Lunatics, not being Paupers, shall have the same accommodation, in all respects, as the Pauper

Lunatics, are offensive to many families to whom the offer of the accommodation was supposed to be a boon.

The Committee having had under their consideration at the beginning of every quarter the weekly charge for Pauper Patients, with every desire to reduce it, have not found it in their power to alter it during the past year, from the sum fixed at first, 11s. a week. They hope that it may now be fixed at 10s. a week.

Two of the Commissioners in Lunacy visited the Asylum on the 8th of June last; and made a minute of their observations, of which the following is a copy :—

“ ESSEX LUNATIC ASYLUM,
“ SOUTH WEALD, NEAR BRENTWOOD, JUNE 8, 1854.

“ We have to-day visited and inspected this Asylum, have gone through its various galleries, dormitories, and sitting rooms, and have seen all the Patients now residing in it.

“ The Patients are now 311 in the whole, of whom 137 are Males, 174 are Females. One of the Males is a private Patient. We saw and examined them all, and found them, with very few exceptions, tranquil, orderly, and comfortable. Instrumental restraint has never been employed, and seclusion, though occasionally resorted to, is very sparingly used. The general condition of the Asylum in point of health is very good; only eight patients are now in the Infirmary, and a few others are taking medicine for trifling ailments. The galleries and the different apartments are clean and in very good order, and, with the exception of one dormitory, occupied by epileptics on the female side, they were all sweet and sufficiently ventilated. The deficiency of ventilation in the dormitory referred to seems to arise from the injudicious construction of the windows, which are not so placed or constructed as to favour a free current of air. We learn on inquiry that many of the suggestions made by the Commissioners at their last visit have been adopted, and that steps are being taken for carrying most of the others into effect. The number of straw beds has been very much lessened, the use of them being now exclusively confined to the epileptic patients. The general bedding of the patients is very good, their persons are clean; their dress is also clean and good; and it is now of various colours and materials according to the taste of the patients themselves, instead of being a uniform as heretofore. The introduction of some prints, or showy engravings, in plain frames, or even on cardboards, to be hung up in

the galleries, would break the dullness of the bare walls, and add to the cheerfulness of the wards. A good deal of plain and useful furniture, consisting chiefly of chairs and tables, has been introduced throughout the galleries, with the best effect. We recommend that an additional number of deep and easy chairs or settees, with sloping backs, for the use of the feeble and infirm, be placed in the different wards, and that a few convenient seats be placed in the airing courts.

“A large body of the male patients are actively engaged in bringing the yards and grounds into order, filling up hollows, forming slopes and walks, and preparing the land for regular cultivation. The women are mostly employed in in-door occupations, in the laundry and kitchen, and in needle-work. Nearly two hundred of the patients are capable of working, and are pretty regularly and constantly employed; and about 230 of them are in the habit of attending divine service in the chapel on Sundays.

“Altogether the Asylum is in a satisfactory condition, and, having regard especially to the short time during which it has been opened, it reflects great credit on those to whom more immediately its superintendence and management are entrusted.

(Signed) J. W. MYLNE, } COMMISSIONERS IN
T. TURNER, } LUNACY.”

The 60th sec. of the Act directs that the Committee shall audit the accounts of the Asylum some time previously to the month of March in every year, and report the same to the next Quarter Sessions. It would have been impossible to append to this report the accounts of the quarter just expired. The accounts since those printed in the last report up to the close of the present year (1854) will shortly be audited, and printed as an appendix to this report if the Court shall think proper so to direct.

CHARLES G. ROUND, CHAIRMAN.

T. B. WESTERN.

JOHN DISNEY.

SAM. J. SKINNER.

T. W. BRAMSTON.

JOHN BRAMSTON.

JOHN PEARSON.

JOHN DAVIS.

JNO. GURNEY FRY.

J. H. LEWIS.

REPORT OF THE MEDICAL SUPERINTENDENT.

This Asylum was opened for the reception of patients on the 23rd day of September, 1853, and from that time to the 25th of December, 1854 (a period of 15 months), there have been admitted 204 males, and 235 females—total 439. Of these 51 were dismissed recovered; two were removed more or less benefited; one unimproved; and 78 died. There now remain in the establishment 124 males, and 183 females—total 307. Success in the treatment of the insane depends in a great degree on the patients being received at an early period of their malady. I have, therefore, to regret that so many have been sent to the Asylum in an incurable state, and who had previously undergone a long course of treatment; thus diminishing the proportion of cures, and increasing that of the deaths.

In comparing the proportion of recoveries, due allowance must be made for the great number admitted who were in a perfectly hopeless state. By deducting these, amounting to about 350 from the whole number of cases treated since the Asylum was opened, the result is very satisfactory. Of the permanency of many of the recoveries, I have had ample proof afforded me from information obtained after their leaving the Asylum, and I am glad to add that many of those referred to have always expressed themselves grateful for the treatment they received when in the house, and sensible of the happy results to themselves personally.

Of the recoveries, however, I regret to state that four have relapsed; one caused from the cruel treatment of her husband after dismissal; one from anxiety in not being able to obtain employment; one from intemperance; and the fourth was brought back to the Asylum in a helpless state from an attack of paralysis.

Insanity, like an attack of any other disease, leaves behind it a predisposition to recurrence; but a recovery is not, therefore, to be held of less account as a cure than is the removal of a pleurisy or the reduction of a dislocation.

I cannot here omit to notice one of the most common occasions of relapses, or rather I should style them, secondary attacks in the cases of individuals belonging to the labouring classes of the community, who are discharged from an Asylum, and that is, the difficulty which such persons have in again procuring employment, and the anxiety and hardships to which this difficulty frequently subjects them. Patients liberated from such an institution generally find the public prejudiced against them and doubtful of the validity of their recovery, and their friends and acquaintances estranged, and shy of renewing their intimacy; or, their feelings are wounded by the remarks and questions of those who are curious either to sound the completeness and capacity of their recovered faculties; or, to learn the secrets of what (unfortunately through ignorance) they deem a prison-house, and the mysteries of a disease which they cannot comprehend. If to these sources of vexation and annoyance be added, as in the case of many a convalescent pauper, the evils of idleness, poverty, and scanty diet, which, in the delicately balanced state of their nervous system, will probably operate with more than usual severity, no combination of circumstances could be contrived more likely to prove fruitful of secondary attacks. It would be of the greatest importance if a fund was established in connection with the Asylum of a county, having for its object the relief of the destitute insane on their discharge, and which would, I have no doubt, result in many being only casual recipients of parish relief, who, from the causes I have mentioned, frequently become burdens on the community for the term of life.

The unwonted number of paralytics in a very feeble state, and other helpless patients admitted, have combined to make the mortality large. On reference to Table No. 9, it will be seen that a large number were in a hopeless state when brought to the Asylum. In sixteen of the cases recorded in the obituary, the average age at death was seventy years; eight laboured under consumption of the lungs and fell victims to that hopeless malady; seven died of epilepsy, and seventeen of paralysis. General paralysis is one of the most common, and certainly the most fatal, of all the complications of insanity; and every Asylum contains examples of it in its various degrees, from slight hesitation in speech to complete helplessness. In cases where it occurs, it would appear to be just a step further in that disorder and annihilation of the functions of the brain, characteristic of the different grades and stages of insanity, both being dependent on the same pathological conditions, the palsy generally making its approaches gradually; and just in proportion as that, which was in the earlier stages of the insanity a remediable

disorder of the cerebral circulation and functions, passes eventually into an irremediable structural lesion of the brain and its membranes. Its commencement is often very insidious, but its very first symptoms may be looked upon as the beginning of death.

Though the greatest attention was paid to the comfort of the patients, both in the ventilation of their galleries by day and in their sleeping apartments by night, I regret to say that cholera made its appearance in September, adding much to the mortality.

Wards were immediately set apart for those attacked, and attendants appointed, whose duty it was to attend entirely upon the cholera cases; but the epidemic spread, and from the 8th of September up to the 15th of October, nineteen cases of Asiatic cholera and ten of choleraic diarrhœa took place; of these twelve recovered and seventeen died: during the same period about seventy cases of diarrhœa without collapse were under treatment. My treatment of cholera was to give two grains of calomel every fifteen minutes for the first five hours, then two grains every half hour for three hours, and afterwards two grains every hour for from twelve to fifteen hours, with cold spring water to drink. Sinapisms were applied to the extremities and abdomen, and friction was also used. In four of the cases stimulants were administered, which seemed to aggravate the symptoms.

Having had considerable experience when in India of treating the disease, the mode which I then considered and found most successful was calomel in small doses, frequently repeated; and although the deaths have been large here in proportion to the number attacked,—this circumstance arises in a great measure from the weak state of many of the patients previous to the attack—I have no hesitation in saying that I would again adopt the same mode of treating the disease should this Institution again be visited by cholera.

Respecting the causes of the disease in the patients admitted, I have endeavoured in the tables to be as accurate as possible; at the same time it must be remarked, that the utmost that can be expected is an approximation to the real causes, seeing that it is well known that the effects of the malady are frequently assumed to be the causes, though perhaps a full and perfect examination of the case, if this can be obtained, would have shown them to be the results by which the insanity was first manifested to those with whom the patient came in contact.

It will be seen, for instance, that religious excitement forms no small number of the assigned causes; and, in accordance with the humane purpose of the Institution, I feel it a duty to mention any

cause, against the operation of which it may be possible, in some degree, to guard. I do not believe that true religion is ever a cause of insanity, though fanaticism or erroneous theological views undoubtedly may. Mental derangement never can be produced by just views of the essential truths of the Gospel ; but intense and long protracted meditation on abstruse points of religious doctrine, or on prophetic mystery, remorse in highly sensitive minds on account of supposed unpardonable sins, and, above all, innovation in established religious belief, have been fruitful causes of insanity.

An eminent physician, of great experience in the treatment of mental derangement, in his writings remarked, “ Were I to allege one cause which I thought was operating with more force than another to increase the victims of insanity, I should pronounce that it was the overweening zeal with which it is attempted to impress on youth the subtle distinctions of theology and an unrelenting devotion to a dubious doctrine. This practice is an alarming error. It is growing to an excess fatal to the preservation of intellectual sanity, and in a manner especially dangerous to the rising generation.” I would recommend to parents to use their best efforts against the influence of new and questionable religious doctrines. The mental distress occasioned by the conflict between such doctrines and earlier religious impressions, ends often in confirmed maniacal melancholy ; or, as there is a tendency to reaction in our moral as well as in our physical nature, I have seen a sudden transition from the deepest self-abasement to triumphant confidence, with belief in supernatural communications, miraculous gifts, and all the phantasies of an insane mind. Such madness is lamentable in itself ; but, in some instances, doubly lamentable, when the patient awakes from his delusion. His religious opinions are then unsettled, and it would be well if he could return to the consolations of that quiet and soothing faith which has given peace to christians in all ages.

Employment in the open air not only improves bodily health, but also powerfully co-operates, with other means of regulating the mind, in promoting the cure of lunacy. Many of the male patients have laboured most assiduously on the farm and in the garden, from which no small saving to the county has arisen ; four large airing courts have been laid out by them, which are now finished, and a large garden has been brought into cultivation, now supplying sufficient vegetables for the establishment. Two of the patients are daily employed as carpenters, four as shoemakers, and two assist the engineer and smith. It will be seen by the tables that a considerable quantity

of profitable work has also been done by the females, who, in addition to that necessary for the establishment, have made a number of shirts for the Springfield prison, and also for a house in London. The females are principally employed in washing, dressing, sewing, and knitting, and a large number of males and females give their assistance in the wards and at domestic work. In several instances I have remarked that the cases were retrograde or progressive, according as the patients were idle or employed. Among those patients who laboured daily, not a few proceeded with a steady pace to recovery, until soundness of mind was perfectly restored.

It requires no proficiency in the study of mind, nor any experience in the treatment of the insane, to comprehend the utility of labour in promoting the cure of lunacy. Any occupation which serves to arrest the attention of the lunatic necessarily arouses him from his waking dream ; and the repose induced by toil no less effectually excludes the visions of the night.

The great object is to make the necessary arrangements of the Institution available for the treatment of the patients, to secure as much occupation as possible for them consistent with their health, and to render the services as far as possible advantageous to the Institution. The amusements consist of bagatelle, cards, draughts, and domino's ; and books are provided for those who are disposed to read. Several derive much enjoyment from variety of scene, and are permitted to make little excursions into the country, and entertainments with dancing and vocal and instrumental music have been found very serviceable.

The treatment of insanity in all its forms consists less in the administration of medicine than in surrounding the patients with influences, each of which may apparently be very trifling, nay, unfelt and unseen, but the combination of the whole of which produces the most powerful effect ; thus they are permitted to enjoy the greatest possible degree of liberty, consistent with their safety, and furnished with the means of such suitable employment, amusements, and recreations, as serve both to relieve the irksomeness of confinement, and to promote the cure of the malady. I cannot omit this opportunity of pressing upon public attention the importance of early medical treatment, and the unhappy consequences which arise from the delay so frequently prompted by mistaken affection and shortsighted economy. It is at the commencement of the disease that medical treatment is most obviously demanded and most likely to be efficacious ; for notwithstanding the most violent symptoms, if the disorder is of recent

occurrence, it generally yields to proper treatment. This important truth which prejudice, ignorance, and false delicacy are too apt to overlook, is forcibly illustrated in the experience of every asylum. Nothing is more imprudent of the friends of such individuals in trusting, for any period, an unfortunate relative to their own inexperienced, and too often injudicious management, for it is one of the most melancholy attendants on this disease, that it frequently destroys and disregards the ties of nature, and that a patient never can be more unhappily placed than in the circle of his own dearest friends and relatives.

The time has happily gone by when it was accounted the great requisite of a Lunatic Asylum, to keep its inmates in secure custody, and in seclusion from the world.

It is no longer the fashion to regard the victims of insanity as irrecoverably lost, by the visitation of an incurable malady; they are now only viewed as labouring under a curable disease, as a portion of our fellow-creatures, who continue "as near and dear" to their relatives as ever. The system of coercion, has been changed for one of freedom. This is the principle according to which this Asylum is conducted, which from its admirable construction, and general arrangements, I am enabled to carry out to the full extent.

Four hundred and thirty-nine cases have been admitted, in no case has mechanical restraint been resorted to, and no means for such coercion exists in the Establishment. It is impossible to estimate too highly the beneficial consequences of the non-restraint system when aided by cleanliness, wholesome food, and employment or exercise in the open air, and a stronger proof of its advantages cannot be adduced, than the feelings which were evinced by two of those patients who had the misfortune of a second attack, and returned to the Asylum. No horror was exhibited at the prospect of a further period of confinement, no dread of fetters; on the contrary they seemed to return as if to a home which they considered was happily prepared for them. When it is taken into account the vast relief afforded to many, whose maladies have not been so entirely eradicated, as to rank them in the list of recoveries, but who still have been restored to tranquillity and comfort, in place of restlessness and pain, the Institution can only be viewed as one of the many blessings, under Providence, provided for the most appalling of the necessities of the human race.

I beg now to express my approval of the manner in which my assistant, Dr. Niven, has conducted every thing under his charge.

Of the prudent manner in which the Chaplain has discharged his frequently very delicate duties I cannot speak too highly, and I feel gratified in stating that his labours have in many instances been instrumental in giving the plain and practical truths of Christianity, a salutary influence over the affections of the patients. His report, I am sure, will be read with interest.

Of the Matron, whose attention to her duties, and constant exertions to advance the interest of the Asylum by promoting habits of industry among the female patients, I have to express my entire approbation.

In conclusion, I beg to express my thanks to the Committee of Visitors for the interest they have shown in all matters calculated to advance the welfare of the patients, and for the readiness with which they have entered into any proposal brought forward by myself for the same end.

D. C. CAMPBELL, M.D.

To the Committee of Visiting Justices.

ESSEX LUNATIC ASYLUM,

December 25th, 1854.

TABLE 1ST.

GENERAL RESULT since the opening of the Asylum, 23rd September, 1853, to 25th December, 1854.

	Males.	Females.	Total.
Number of Patients admitted during the 15 Months }	204	235	439
Removed during the 15 Months, viz. :—			
Recovered ... Males. 20 Females. 31 Total. 51	80	52	132
Improved ... 1 1 2			
Unimproved... 1 0 1			
Dead ... 58 20 78			
Remaining in the Asylum 25th December, 1854	124	183	307

TABLE 2ND.

Shewing the AGES of the PATIENTS admitted.

	Males.	Females.	Total.
From 10 to 20 Years	9	6	15
20 „ 30 „	23	35	68
30 „ 40 „	43	59	102
40 „ 50 „	52	53	105
50 „ 60 „	31	46	77
60 „ 70 „	25	27	52
70 „ 80 „	7	4	11
Not ascertained	4	5	9
Total	204	235	439

TABLE 3RD.

Shewing the SOCIAL CONDITION of the PATIENTS admitted.

	Males.	Females.	Total.
Single	106	112	218
Married	76	92	168
Widowed... ..	9	22	31
Not ascertained	13	9	22
	204	235	439

TABLE 4TH.

DURATION of INSANITY in the Cases admitted before they were brought to the Asylum.

	Males.	Females.	Total.
Not exceeding One Month	22	17	39
Between 1 and 2 Months	15	9	24
" 2 " 3 "	11	10	21
" 3 " 4 "	8	11	19
" 4 " 5 "	5	4	9
" 5 " 6 "	4	2	6
Between 6 Months and 1 Year	12	13	25
Between 1 and 2 Years	15	25	40
" 2 " 3 "	10	20	30
" 3 " 4 "	13	16	29
" 4 " 5 "	8	10	18
" 5 " 10 "	28	49	77
" 10 " 20 "	21	23	44
" 20 " 30 "	5	3	8
From birth	9	11	20
Unknown	18	12	30
	204	235	439

TABLE 5TH.

FORM of INSANITY in the Cases admitted.

	Males.	Females.	Total.
Mania	87	111	198
Monomania	2	1	3
Melancholia	34	42	76
Dementia	72	70	142
Amentia	9	11	20
	204	235	439

TABLE 6TH.

NUMBER of ATTACKS in Cases admitted.

	Males.	Females.	Total.
Cases of first attack	158	179	337
Cases of more than one attack	36	49	85
Cases not ascertained	10	7	17
	204	235	439

TABLE 7TH.

SUPPOSED CAUSES of the DISEASE in the Cases admitted.

	Males.	Females.	Total.
Injury of Head	3	—	3
Fever... ..	2	1	3
Loss of Property	—	1	1
Death of Children	—	2	2
Hereditary	19	32	51
Matrimonial disappointment	4	3	7
Intemperance	14	—	14
Congenital	9	11	20
Masturbation	4	—	4
Epilepsy	25	13	38
Child-bearing	—	11	11
Nasal Polypus	1	—	1
Domestic Unhappiness	2	3	5
A Miscarriage	—	2	2
Religious Excitement	6	12	18
Spinal Disease	—	1	1
Death of Father... ..	1	—	1
Death of Friend	1	—	1
Death of Husband	—	2	2
Nursing	—	4	4
Paralysis... ..	7	2	9
Birth of Illegitimate Child	—	2	2
Jealousy	1	1	2
Loss of Money	2	—	2
Remorse for Profligate Life	—	1	1
Death of Mother	—	1	1
Charge of Theft	—	1	1
Failure in Business	3	—	3
Anxiety	—	1	1
An Assault	—	1	1
Sudden and unexpected Prosperity	1	—	1
A sudden Fright	—	1	1
Grief	1	—	1
Domestic Changes	—	1	1
Poverty	—	1	1
Unknown	98	124	222
	204	235	439

TABLE 8TH.

OCCUPATIONS or STATIONS in LIFE of PATIENTS admitted.

	Males.	Females.	Total.
Labourers and Wives of Labourers	84	51	135
Artisan	1	—	1
Potman	1	—	1
Shoemakers and Wife of Shoemaker ...	5	1	6
Poulterers	2	—	2
Tailors	3	—	3
Hostlers	2	—	2
Sailors and Wife of Sailor	4	1	5
Soldiers and Pensioners	7	—	7
Bricklayers and Wives of Bricklayers ...	4	2	6
Domestic Servants	1	60	61
Silk Weaver	1	—	1
Excise Officer and Wife of	1	1	2
Weaver	1	—	1
Butchers	6	—	6
Thatcher	1	—	1
Bakers	3	—	3
Blacksmiths and Wife of	4	1	5
Whitesmith	1	—	1
Currier	1	—	1
Gardeners and Wife of	5	1	6
Policeman and Wife of	1	1	2
Fishmongers	1	1	2
Grocer	1	—	1
Carpenters and Wives of	4	6	10
Gunmaker	1	—	1
Clerks	2	—	2
Superintendent of Police	1	—	1
Coachmaker	1	—	1
Schoolmaster	1	—	1
Coachmen	2	—	2
Wheelwrights	2	—	2
Millwright	1	—	1
Waterman and Wife of	1	1	2
Carman	1	—	1
Tallow-Chandler	1	—	1
Compositor	1	—	1
Miller... ..	1	—	1
Washerwomen	—	5	5
Chairwomen	—	2	2
Needle-women	—	9	9
Schoolmistresses	—	2	2
Nurse	—	1	1
Straw-Bonnet Makers	—	2	2
Matron of Penitentiary	—	1	1
No occupation	9	29	38
Unknown	34	57	91
	204	235	439

TABLE 9TH.
OBITUARY OF PATIENTS.

No. in the Register of Admissions.	Sex.	Age.	State of Health on Admission.	Stated duration of Insanity on Admission.	Form of Insanity.	Cause of Death.
90	M.	72	In very feeble health, and much emaciated: had cut his throat and lost much blood on admission	5 months	Melancholia	Natural decay
196	F.	72	Much exhausted: was blind, and her limbs so contracted that she could not move	Upwards of 2 years	Dementia	Diarrhœa
272	F.	69	In a very feeble and exhausted state	Some years	Dementia	Natural decay
264	M.	38	In the last stage of consumption	2 weeks, but had previous attacks	Mania	Phthisis pulmonalis
157	F.	61	Good general health	14 years	Dementia	Paralysis
293	F.	34	Was much emaciated; in the last stage of consumption; and died in 7 days after admission	4 years	Dementia	Phthisis pulmonalis
151	F.	44	Had been in bed for 12 months previous to admission; was perfectly helpless, and could not move without assistance	2 years	Dementia	General paralysis
263	M.	40	Feeble health from intemperance	1 year	Melancholia	Dysentery
220	M.	44	Much emaciated and in a state of general paralysis	6 months	Mania	General paralysis
211	F.	58	In a very feeble state from general paralysis	2 years	Dementia	General paralysis
318	M.	66	Was much emaciated; and died in 5 days after admission, being then in a sinking state	1 week	Mania	Maniacal exhaustion
158	M.	33	In feeble health from epilepsy of 17 years duration	14 years	Mania	Epilepsy
143	M.	43	In the last stage of general paralysis	8 months	Dementia	General paralysis
97	F.	79	In very feeble health, and had been confined to bed 4 years	Many years	Dementia	Natural decay
251	F.	59	Was carried into the asylum perfectly helpless from paralysis, and much exhausted	Above 3 months	Mania	General paralysis
167	M.	61	In a state of general paralysis and subject to epileptic fits	From birth	Amentia	General paralysis
319	M.	36	Very feeble and in the last stage of consumption	2 weeks	Mania	Consumption
188	M.	36	In very feeble health from epilepsy of many years duration	3 years	Mania	Epilepsy
33	F.	42	In very feeble health and much emaciated	6 years	Dementia	Constitutional exhaustion
321	M.	42	In very feeble health from long continued intemperance	1 week	Mania	Maniacal exhaustion

TABLE 9TH — CONTINUED.
OBITUARY OF PATIENTS.

No. in the Register of Admissions.	Sex.	Age.	State of Health on Admission.	Stated duration of Insanity on Admission.	Form of Insanity.	Cause of Death.
329	M.	34	In a very emaciated and helpless condition from general paralysis	9 months	Dementia	General paralysis
62	M.	45	In feeble health from epilepsy of many years duration	18 months	Dementia	Epileptic convulsions
64	M.	41	When admitted was in a state of general paralysis	15 years	Mania	General paralysis and diarrhoea
27	M.	32	In feeble health from epilepsy of 18 years' duration, and much emaciated	18 years	Dementia	Epileptic convulsions
176	M.	42	In feeble health from epilepsy of 17 years' duration	7 years	Mania	Epileptic convulsions
78	M.	65	When admitted was in a very emaciated state from opium eating	6 years	Melancholia	Disease of heart
252	M.	30	Good health	12 years	Dementia	Consumption
342	F.	66	In very feeble health	1 month	Mania	Paralysis
160	F.	40	Highly scrofulous	16 years	Mania	Consumption
150	F.	48	Had a paralytic attack before admission	18 months	Mania	General paralysis
44	M.	64	In a feeble state of health	7 years	Dementia	Disease of heart
354	M.	80	Was in a very emaciated and perfectly helpless state	1 week, but had previous attacks	Dementia	Natural decay
228	F.	50	Good health	7 years	Dementia	Disease of bowels
85	M.	79	Feeble health from old age	18 years	Dementia	Natural decay
129	M.	61	In feeble health and emaciated	2 months	Melancholia	Consumption
48	M.	70	Good health considering his years	14 years	Dementia	Aneurism of aorta
355	M.	54	In feeble health from constant habits of drunkenness	2 months	Mania	Consumption
300	M.	37	In a state of general paralysis	1 week, but had previous attacks	Mania	General paralysis
358	M.	48	Much emaciated and in the last stage of general paralysis	Not known	Dementia	General paralysis
60	F.	53	Emaciated appearance; feeble health, and very helpless	5 years	Dementia	General debility
186	F.	22	Good health	3 years	Mania	Consumption
1	F.	63	Pretty good health for her years	3 years	Mania	Maniacal exhaustion
53	M.	28	Feeble from frequent epileptic fits	7 years	Mania	Epileptic convulsions
147	M.	42	In a state of general paralysis and subject to epilepsy	11 years	Dementia	General paralysis
273	M.	51	Perfectly helpless; much emaciated; and in the last stage of general paralysis	16 years	Dementia	General paralysis
233	M.	43	Good health	9 years	Dementia	Gangrene of lungs

TABLE 9TH — CONTINUED.
OBITUARY OF PATIENTS

No. in the Register of Admissions.	Sex.	Age.	State of Health on Admission.	Stated duration of Insanity on Admission.	Form of Insanity.	Cause of Death.
197	F.	42	In very bad health and much emaciated	18 months	Melancholia	Diarrhœa
373	M.	54	Was in a very exhausted state, perfectly helpless, and required to be carried into hospital	16 months	Dementia	General paralysis
84	M.	41	Had been subject to epileptic fits for 12 years	10 years	Mania	Bronchitis
25	F.	68	Very feeble and helpless from age	12 years	Mania	Natural decay
402	M.	64	Very weak and much emaciated	Many years	Mania	Choleraic diarrhœa
11	M.	17	In feeble health from epilepsy of many years duration	1 year	Mania	Choleraic diarrhœa
310	M.	39	In feeble health from confinement in Springfield gaol	Not known	Dementia	Choleraic diarrhœa
404	M.	59	In a very weak state of health, and died on the following day	3 years	Mania	Apoplexy
277	F.	30	Good health	15 months	Mania	Asiatic cholera
206	M.	25	Good health	3 months, but had previous attacks	Mania	Asiatic cholera
117	M.	58	Good health	5 years	Melancholia	Asiatic cholera
180	F.	49	Much emaciated	9 years	Mania	Constitutional exhaustion
131	M.	32	Good health	6 years	Mania	Asiatic cholera
184	M.	40	Good health	2 months, but had a previous attack	Melancholia	Asiatic cholera
313	M.	31	Much emaciated and unable to walk from the contracted state of his limbs; and in the last stage of general paralysis	Many years	Dementia	General paralysis
357	M.	65	Good health	3 weeks, but had a previous attack	Mania	Asiatic cholera
65	M.	68	Good health	Above 4 years	Dementia	Asiatic cholera
77	M.	31	Good health	6 years	Dementia	Consecutive fever after cholera
367	M.	50	In very weak health and much emaciated	2 weeks, but had a previous attack	Melancholia	Asiatic cholera
336	M.	36	In very weak health and with symptoms of general paralysis	1 month	Melancholia	Asiatic cholera
316	M.	60	In a very feeble state of health	Not known	Dementia	Asiatic cholera

TABLE 9TH — CONTINUED.
OBITUARY OF PATIENTS.

No. in the Register of Admissions.	Sex.	Age.	State of Health on Admission.	Stated duration of Insanity on Admission.	Form of Insanity.	Cause of Death.
144	M.	63	Good health for his years	9 years	Dementia	Asiatic cholera
411	M.	58	In a feeble and emaciated state	Many years	Dementia	Asiatic cholera
380	M.	35	Good health	5 weeks	Mania	Anasarca
161	M.	63	State of health weak	9 years	Dementia	Asiatic cholera
347	M.	76	In very feeble health from old age, and much emaciated	30 years	Mania	Paralysis
396	M.	68	In a very weak state	6 weeks	Melancholia	Natural decay
15	M.	49	Very feeble health, with scrotal humour	11 years	Dementia	Disease of heart
222	M.	17	In weak health from epilepsy	From birth	Amentia	Epileptic convulsions
296	M.	65	Much emaciated and very weak	1 week, but had a previous attack	Melancholia	Paralysis
101	M.	42	Had a scrotal hernia and was in feeble condition	9 months	Dementia	Cerebral disease
387	M.	59	Quite helpless and in the last stage of general paralysis, and much exhausted	2 months, but had a previous attack	Dementia	General paralysis

TABLE 10TH.

RETURN of the AVERAGE NUMBER of PATIENTS daily employed.

Males.				Females.			
Garden and Farm	...	...	36	Needlework...	...	...	45
Carpenter's Shop	...	...	2	Laundry	...	...	20
Shoemaker's Shop	...	...	4	Knitting	...	...	5
Tailor's Shop	...	...	0	Kitchen	...	...	4
Assisting Engineer	...	...	2	Wards	...	...	33
Store-Room	...	...	1	Assisting Housemaid	...	...	1
Wards and Domestic Work			30				
			<u>75</u>				<u>108</u>

TABLE 11TH.

AMOUNT of WORK done by FEMALE PATIENTS.

Articles made.				Articles repaired.			
Shirts	...	...	668	Pairs of Stockings each Week	...	...	250
Sheets	...	...	483	Shirts each Week	...	...	70
Pillow Covers	...	...	268	Handkerchiefs out of old	...	...
Towels	...	...	157	Gowns	...	...	150
Handkerchiefs	...	...	256	Pinafores	..	..	29
Knife Cloths	...	...	100	Rugs	..	..	5
Chair Covers	...	...	27	Mattresses	..	..	43
Mattresses	...	...	162	Stays	..	..	22
Aprons	..	...	39	Chemises	..	..	82
Flannel Waistcoats	...	...	86	Dresses	..	..	111
Petticoats	...	...	212	Sheets	..	..	2
Jack Towels	...	...	157	Pillow Covers	..	..	143
Flannel Drawers	...	...	88	Aprons	..	..	12
Bed Gowns	...	...	28	Bed Gowns	..	..	5
Towels	...	...	12	Caps	..	..	113
Window Blinds	...	...	46	Flannels	..	..	50
Dresses	...	...	138	Blankets	..	..	6
Chemises	...	...	96				
Pinafores	...	...	60				
Carpets for Bed-side	...	...	50				
Flannel Belts	...	...	2				
Smock Frocks	...	...	13				
Sofa Covers	..	...	5				
Knitted Curtains	...	...	12				
Knitted Table Covers	...	...	20				
Knitted Stockings	...	...	6				
Brush and Comb Cases	..	...	18				
Mats for Bed-Rooms	...	...	20				

REPORT OF THE CHAPLAIN.

GENTLEMEN,

I alluded in the Report of last year to the very large proportion of patients in daily attendance at Chapel, but as the Asylum had then been opened but a very short time it might be supposed that the charm of novelty, which operates so strongly on the human mind, had attracted those who were so recently admitted. I am happy to be able to say that other motives, deeper and stronger than that of novelty, have evidently been in operation, for any charm of that nature must long since have worn away. Yet there has been no diminution in the number of the patients who daily unite in the offering of prayers. An average number of 150 voluntarily come, morning after morning, to the celebration of Divine worship. That number is increased on the Sunday to an average number of 220. Many of these are maniacal patients, subject to fits of uncontrollable fury; many are possessed with all manner of strange delusions, and yet the moment the service of the chapel commences, one feeling of religious reverence seems to animate them all. The sacredness of the place, and of the duty they are engaged in, is apparently impressed upon every heart. So striking indeed is the stillness that prevails amongst them, so manifest the devotion with which they join in the prayers, that it has been remarked to me by visitors who have occasionally been present with surprise and admiration.

The Holy Communion has been administered four times during the year. The number of communicants is about twenty. And if any doubt could exist as to the propriety of admitting the Insane to this service, I think such doubt might be dispelled by witnessing the air of seriousness and of veneration which characterises the group of these poor Lunatics, all kneeling so meekly and so humbly together to partake of "the holy mysteries." In no church in England could a deeper reverence be manifested than may be seen in these communicants of the Asylum chapel.

As might be expected in an Asylum for the Insane, a considerable number of the inmates are not capable, in any degree perceptible to us, of being influenced by religious or any other teaching. I speak of those who from birth have been insane, and of those whom disease has reduced to a state of dementia. But there are others upon whose minds the ministrations of religion produce a strong and marked impression. I cannot forbear here to refer to one or two examples. One is that of a male patient who was restored to sanity. Dr. Campbell informed him that he would recommend his discharge. He was most grateful for the kind intention, but begged to be permitted to remain as he felt that he had not many weeks to live. He said he knew that if he left the Asylum he could not enjoy the advantage of medical advice, and of other kindnesses that he received here; but more than all he should regret to be taken away from the daily services of the chapel, which had been so great a comfort and blessing to him. Dr. Campbell was moved by the man's entreaties, and with great kindness permitted him to remain, though he knew that by so doing it would only add to the number of deaths. The religion which that man so highly prized supported him through the brief remainder of his days. He looked forward to his end with calmness, and met it with the faith and resignation of a Christian. A rapid consumption, in a few weeks, carried him beyond the reach of all earthly sorrows and trouble, we trust, "to another and a better world."

A second example is that of a female patient, who has now left the Asylum in a state of convalescence. She was upwards of sixty years of age, but had never partaken of the Holy Communion till she received it in the Asylum chapel. From her manner of speaking on this subject, I should judge that she was strongly impressed with religious feeling. She, too, had found the services of the church to be a blessing to her. I trust she has carried with her to her home that principle of piety which shall be a strength and consolation to her for the remaining years of her life, and which shall enable her, when death comes, to triumph over it, through faith in Him who "has opened to all believers" the gate of everlasting life.

There are not a few patients who, from mistaken notions of religion, refuse the consolations which it offers them, and cling with a strange tenacity to the belief that, though there may be forgiveness for all others there is none for them. You may quiet their terrors of conscience one day, and on the next you shall find they have returned again to their old and cherished despair. But even of cases such as these I have seen some, not able indeed, totally to subdue

their melancholy, but strengthened to bear it through confidence in God. I have seen many whose despondency has vanished entirely, and all the gloomy fancies that had haunted them night and day for years have been dispelled; but that change has been the precursor of death. One especially I remember, who died at the commencement of the year. Her dread of death, when first she felt its advances, her ravings of despair, her firm persuasion that she had committed the "unpardonable sin," were sometimes fearful to witness. But a few days before she died all was changed, and happily changed, not in a return to those high delusions which she had once been taught to call religion, but changed to a calm, humble, and penitent belief in the atonement. There was no ecstasy, no unbounded rapture, but there was repentance, resignation, faith. It is not at all unusual in certain similar cases to see them, a few days before death, lighted up with new hopes. The mind is freed from its terrors and its delusions. The sunshine of earlier days revisits the soul. Allow me, however, here to guard against an impression that this is always the case. Many of the insane die as they have lived. Their minds are not lighted up with even a momentary flash of returning intelligence. I have had the most abundant opportunity afforded me for forming this judgment, for I have visited the sick daily. I have gone to the bedside of the dying, in every case, thinking it possible that even in the most bewildered and lost there might occur some moment before death, in which the mind would be prepared to receive the comfort and instruction of religious truth. Even during the prevalence of cholera, feeling it to be my duty to keep up this practise, I went every morning to the bedside of the patients upon whom the scourge of that mysterious disease had fallen. And I rejoice to say, that terrible as it was to witness so many smitten, as it were, by an invisible hand,—cold and dead in a few hours,—my visits were sometimes attended also with circumstances of a most affecting and not unpleasing nature. The majority, indeed, sunk at once into total unconsciousness or apathy. But there were some actively alive to their danger, and anxious to receive the last consolations of religion. I cannot omit to notice one in particular. He was an old sailor: he lived several days after his first attack. Each day as I entered the ward he lifted up his hands, and placed them together in an attitude of devotion, as if to signify to me a request to pray with him. I asked him if that were his wish, and he murmured, as well as he was able, "Yes." I then read a few verses from the bible, and knelt down at his bedside to pray for pardon and strength, and to commend his

soul to God; and never have I heard a more earnest and devout amen than that which was whispered so faintly, but so fervently, by that dying man. I have not often witnessed a scene more touching. In that one room were the beds of four other dying men. The eyes of more than one there were filled with tears. Let us trust that He, "who despiseth not the sighing of a contrite heart, nor the desire of such as be sorrowful," would mercifully regard those tears and hear those prayers, and receive those afflicted men into everlasting rest.

I might have added many more examples such as I have given above, but I fear to weary your patience, and believe that those I have given will be sufficient to prove that many of these unhappy creatures do really value and derive comfort from the ministrations of religion.

I have the honour to be,

Gentlemen,

Your obedient Servant,

JOSEPH SOWTER,

CHAPLAIN.

Warley, Dec. 25th, 1854.

To the Committee of Visiting Justices,
Essex Lunatic Asylum.